Maryland Historical Trust
Maryland Inventory of
Historic Properties Form

Inventory No.

1. Name of Property (indicate preferred name)

historic Chestnut Lodge Community Center and Cafeteria

other Chestnut Lodge Activities Building

2. Location

street and number 500 W. Montgomery Avenue __ not for publication

city, town Rockville __ vicinity

county Montgomery

3. Owner of Property (give names and mailing addresses of all owners)

name Washington Waldorf School

street and number 4800 Sangamore Road telephone

city, town Bethesda state MD zip code 20816

4. Location of Legal Description

courthouse, registry of deeds, etc. Montgomery County liber folio

city, town Rockville tax map tax parcel tax ID number

5. Primary Location of Additional Data

___X___ Contributing Resource in National Register District
___X___ Contributing Resource in Local Historic District
_____ Determined Eligible for the National Register/Maryland Register
_____ Determined Ineligible for the National Register/Maryland Register
_____ Recorded by HABS/HAER
_____ Historic Structure Report or Research Report at MHT
_____ Other:_____

6. Classification

Category
_____district
__X__building(s)
_____structure
_____site
_____object

Ownership
_____public
__X__private
_____both

Current Function
_____agriculture
_____commerce/trade
_____defense
_____domestic
_____education
_____funerary
_____government
_____health care
_____industry
_____landscape
_____recreation/culture
_____religion
_____social
_____transportation
_____work in progress
_____unknown
__X__vacant/not in use
_____other:

Resource Count

Contributing	Noncontributing
1	_____ buildings
_____	_____ sites
_____	_____ structures
_____	_____ objects
_____	_____ Total

Number of Contributing Resources previously listed in the Inventory

_____

7. Description

Condition

___ excellent ___ deteriorated
x__ good ___ ruins
___ fair ___ altered

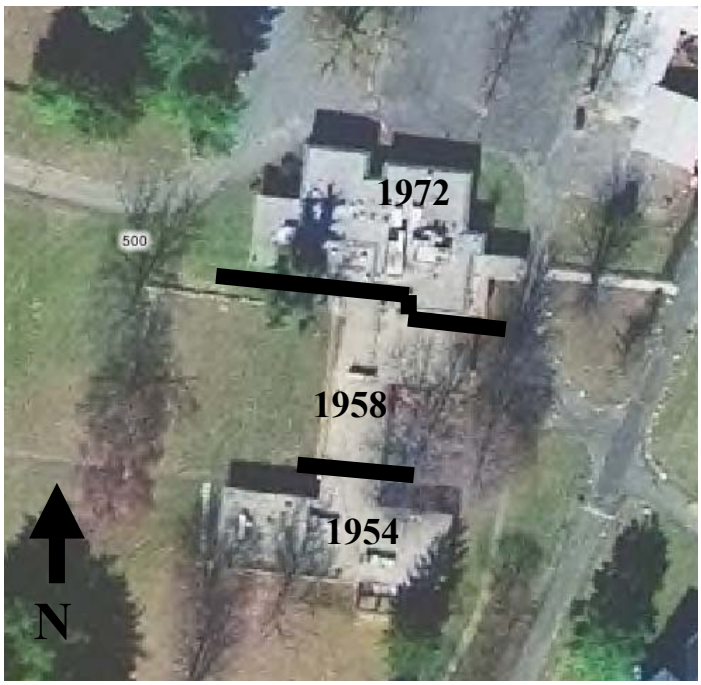
Prepare both a one paragraph summary and a comprehensive description of the resource and its various elements as it exists today.

PLEAE NOTE – FLOOR PLANS AND PHOTOGRAPHS ARE AT THE END OF THE FORM

Summary

The Community Center[1] at Chestnut Lodge mental hospital was constructed in 1954 and was designed by noted architect Chloethiel Woodard Smith. The one-story building has a flat roof and sits low on its site. The modular design uses the Modernist open plan design of a steel frame into which were inserted façade panels of glass, brick, and masonite, as necessitated by interior use. The building is surrounded by open space with scattered buildings and trees spread on twenty acres of former hospital grounds.

It was designed with removable, standard size wall panels to be expandable. Additions could be easily joined without the need for structural adjustments. Taking advantage of the building's flexibility, the building was enlarged twice under the Smith's direction. A wing was added in 1958, and a cafeteria and kitchen were added in 1972.



Description

The Community Center was erected in three phases from 1954 through 1972, all designed by Chloethiel Woodard Smith, FAIA with much input from the client, Dr. Dexter Bullard, Director of the Chestnut Lodge Sanitarium. The first phase, which currently forms the southern portion of the building, was constructed in 1954 by general contractor

[1] The Building will be referred to as the Community Center in this form. This name comes from a 1957 article calling it the "new Community Center" (Hinckley, William W. "The Chestnut Lodge Kiosk: Observations on a Psychiatric Hospital's Work Project." *International Journal of Group Psychotherapy* 7(4): 437-49, October 1957, p. 443). It was referred to only as "The Center" in correspondence between the Bullards, Ms. Smith, and contractors. Another period article refers to it as the "Therapy Building Wing" (see footnote 2) and a 1970s map of the property identifies it each wing of the building separately as "Activities" and "Cafeteria."

[2] "Seven Health Buildings." *Architectural Forum* 103: 132-35, September 1955, p. 134.

Bradley Karn at a cost of $32,000.[2] Initially, the Community Center was a T-shaped building with the base of the T protruding as a small wing on the north side. A small covered game terrace extended off the south façade. In 1958, Smith designed an addition on the north side that nearly doubled the building's size. The addition elongated the original wing into a hallway and added a large work area at the northern end. Smith made the final addition to the building in 1972, adding a cafeteria and kitchen to the north and west sides and creating a modified U-shaped building with courtyards on the east and west sides framed by the building's wings.

The foundation is concrete and is below grade in some areas, allowing for floor-to ceiling glazing in many bays. Where the concrete is exposed due to grade changes, it projects out as a ground-level lip. The lip creates a balance with the wide overhanging eave and is never high enough to interfere with the bay pattern. The eaves provide shade when the sun angles into the large windows. The roof for the entire building is flat and remains at a constant height, providing uniformity in scale and appearance. Much of the building's mechanical equipment is situated on top.

Despite different phases of construction, the building is a cohesive architectural unit in both design and materials. Smith designed the building as a whole at the time of initial construction. Although the layout was modified somewhat when the additions were actually built, it is clear that the building was intended from the start to have a U-shape and the two courtyards. The exterior of the building is essentially modular, divided into standard size bays, which facilitated the expansion process. Steel columns are exposed as the building's structure and divide each bay. The bays are prefabricated units inserted into the steel frame and presented many combinations for configuration. On the window walls, each bay generally contains an 8' wide plate glass window framed above and below by two 2-pane aluminum sliding windows (or single-pane transoms over doors). Screens were attached on exterior hangers for the sliders. Above the bays is a steel beam into which the structure is tied.

Where Smith wanted less exposure (as in the office and restroom area in the wing), the bays consisted of two panels of masonite surmounted by the standard sliding windows, with or without lower windows. In some bays, oblong solid panels were used instead of sliders. Smith varied these bays throughout the building, depending on interior function, but maintained the use of the modular bay in all phases of the building's development.

The east and west brick end walls of the first phase were laid in a 6-course American bond pattern. Smith continued the use of this pattern as well as the rose-orange colored bricks on both additions. On the north and west walls of the 1972 addition, each brick bay (probably a prefabricated panel) is separated by steel columns, reflecting the pattern on the other facades.

The first phase of the building encompassed approximately 2600 square feet of interior space and featured eight entrances. The large number of doors provided easy egress for patients who got upset or scared. It also allowed them to choose which entrance to use and where to go when they left. The four entrances on the south side were oversize sliding glass doors within metal frames. The second one from the east led out onto the shaded game terrace. On the north side of the main arm, two single glass doors have been replaced with blue metal doors.

In the northeast corner formed by the main arm of the building and the short wing, another double sliding glass door entered from the north into the main arm of the building and a single glass door entered from the east into the wing. These were probably the most frequently used doors given that they are closest to the main hospital building and the residences. These two doorways were removed when the building was expanded. In their place are standard 8' wide glass panels with the 2-pane sliders above and a solid white masonite panel below. It is possible that these doors were reused on the 1958 addition, which has the large sliding doors on the south elevation facing the east courtyard.

Landscape features include a concrete paver walkway along the building's south and west sides, not believed to be historic; brick patios along the building in the both the east and west courtyards; and the game terrace on the south side, with its roof supported by the same open web beams as the interior. The original brick floor of the terrace has been replaced with concrete and the whole was enclosed with glass and sliding glass doors. The corrugated roofing material has collapsed, although the beams remain. Another major landscape feature is the low L-shaped stone wall on the west side. Forming a retaining wall, the stones were likely laid at the time of construction, probably from the many stones turned up while excavating. The work was apparently completed by patients at the hospital.[3]

On the north wall of the original building, in what is now the east courtyard, is one of the building's most charming design features. Here an interior/exterior fireplace opens into both the courtyard and the lounge area inside. This ingenious element provided a homelike quality to the Center and afforded an area for congregating either inside or outside. The fireplaces are vented individually through two partially exposed metal flues that punctuate the building's roof.

Inside, the first part of the Community Center was designed to be a flexible, multipurpose, indoor-outdoor recreation and therapy building. As on the exterior, the structure is exposed. This straightforward approach to design, typical of the modern movement, shows the thinness of the walls, which were essentially glass panels divided by steel columns. Nothing is masked behind traditional finishes such as plaster or drywall. Visible on the ceiling is the Macomber Vs bar joist and wall anchor system that supports the building's load.[4] Manufactured by Macomber Incorporated of Canton, Ohio, this system allowed exposed open web beams to span the interior and permitted Smith to create a large, open space, uninterrupted by load-bearing walls, columns, or other supports. The ceiling is wood decking laid on the ceiling beams.

The space is divided into three zones for "reading, card games, chatting in one area; television, radio and music recording in another; active games, dance practice, [and] psychodrama in the third."[5] Interior features included the fireplace in the reading/lounge area, a barre for practicing dance, which was attached to the south columns, and lightweight moveable furniture that allowed for seating in any arrangement. There were no permanent interior walls, but a moveable partition on a ceiling track could close off a space for lectures or performances. A bookcase and cabinet

[3] "Seven Health Buildings," p. 135.
[4] Undated plans for the Macomber system are on file in the Smith Archives at the American Architectural Foundation, Washington DC. Also on file is a letter dated April 21, 1954 from Charles Coxeter of Macomber Steel Products and Structural Steel in Silver Spring, MD to Smith verifying that he has forwarded the plans to the plant for fabrication.
[5] "Seven Health Buildings," p. 134.

system also helped break up the space, but did not extend to the ceiling. This piece of furniture has been removed but the retractable partition is still in place. The only permanent interior walls were those for the four small music listening and recording rooms at the west end, which are concrete block for soundproofing.

The floors in the original building were mastic or rubber tile originally, but are now covered with vinyl roll flooring with a pattern that imitates terrazzo. The wing housed a small lobby or vestibule area, a therapist's office, restrooms, and a closet. The north wall here was "temporary for future expansion" and was always intended as the expansion point for the building.[6]

The hallway that was subsequently built in 1958 as part of the first expansion provides a transition area from the activities room to the new work area. It provided the primary entry into the building and was designed "to give patients not venturing far from [the] main entrance maximum view of activities.[7] This goal was achieved by using all glass on both sides of a fairly narrow corridor. The patient could either go into the activity room to the left, the work area to the right, or straight ahead into the courtyard for outdoor activities.

The work area, built in 1958, was for art projects and occupational therapy uses and still contains several drafting tables and lamps. The addition closely follows the original design, form, and materials. It uses a similar structural system of steel columns and open web beams, although the ceiling is constructed of acoustical tile. The exterior maintains the use of modular panels, and mimics the glazing pattern of the original building.

In 1972, Smith designed the final addition for the Community Center to house a kitchen and cafeteria for Chestnut Lodge patients and staff, who had been eating in a dining hall in the basement of the main hospital building. The north side includes two truck bays for unloading supplies to the kitchen. On the east façade of the addition, a projecting entrance provides access to the cafeteria. The entrance feature is a series of spaces leading into the cafeteria. Patients and staff would proceed first into a projecting covered area, then a glass vestibule, then a glass hallway, and finally into the main cafeteria. This phased entrance provided a transition from the exterior to the interior.

The interior walls of the food service area are glazed tile to provide a sanitary work area and floors are vinyl tile. Smith designed an interesting ceiling that is pent at the corners and finished with dark stained wood boards. This pent corner configuration is also seen in the hospital's gymnasium, which Smith designed in 1977 (located just to the west of the Community Center). The seating area was on the west side of the addition and featured an exposed brick end wall and window walls on either side. The kitchen and food storage areas occupied the northernmost end of the addition.

The Community Center is in good condition with only one window covered by plywood, presumably due to a break (on the north wall of the original building, facing the west courtyard). A tree in the west courtyard has fallen recently and is leaning on the west eave and roof of the transition area.

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[6] *Ibid*.
[7] *Ibid*, p. 135.

8. Significance

Period	Areas of Significance	Check and justify below		
__ 1600-1699	__ agriculture	__ economics	X health/medicine	__ performing arts
__ 1700-1799	__ archeology	__ education	__ industry	__ philosophy
__ 1800-1899	X architecture	__ engineering	__ invention	politics/government
X 1900-1999	__ art	X entertainment/	__ landscape architecture	__ religion
__ 2000-	__ commerce	recreation	__ law	__ science
	__ communications	__ ethnic heritage	__ literature	__ social history
	__ community planning	__ exploration/	__ maritime history	__ transportation
	__ conservation	settlement	__ military	__ other: _____

Specific dates

Architect Chloethiel Woodard Smith, FAIA
Builder Bradley Karn, General Contractor
J. Gibson Wilson, Structural Engineer

Construction date 1954, 1958, 1972

Evaluation for:

_____ National Register _____Maryland Register _____not evaluated

Prepare a one-paragraph summary statement of significance addressing applicable criteria, followed by a narrative discussion of the history of the resource and its context. (For compliance projects, complete evaluation on a DOE Form – see manual.)

Significance Summary

The Community Center was designed by notable architect and urban planner Chloethiel Woodard Smith, FAIA in 1954, with additions in 1958 and 1972. It was one of several buildings Smith designed for Chestnut Lodge over the next two decades. Chestnut Lodge has been nationally recognized as an innovative provider of mental health treatment from 1910 through 1995. Its advanced practices and the quality of its physicians have given it a seminal role in the 20th century development of psychotherapy practice and research.

The Community Center was designed as an architectural tool to accomplish the hospital's goals of using alternative approaches to mental health. It served a unique user group of primarily schizophrenic patients, who had been isolated from interaction with mainstream society during their treatment at the Chestnut Lodge Sanitarium. The building was designed specifically to meet their needs and the treatment goals of the hospital administration while using an innovative architectural form, style, and materials

The Community Center is also important as Rockville's only example of a high-style mid-century modernist institutional building. In September 1955, an article in *Architectural Forum* recognized important innovations in health-related building design. The Community Center at Chestnut Lodge was among seven buildings selected nationally for this article and, of these seven, was called "the outstanding one."[8] The article cites Smith's building as having the potential for "great influence

[8] *Ibid*, p. 132.

both as a specific facility and as an example of what architecture, given the chance, can do for medicine."[9]

The Architect

Chloethiel Woodard Smith (1910-1992) was a highly prominent Washington architect and planner. Smith's background includes an appointment as Chief of Research and Planning for the Federal Housing Administration, private practice in Keyes, Smith, Satterlee and Lethbridge from 1951 to 1955 and Satterlee and Smith from 1956 to 1963, when she founded her own firm, Chloethiel Woodard Smith and Associates.

She was born in 1910 and received her B. Arch from the University of Oregon in 1932. In 1933, she received her Master of Architecture with an emphasis in city planning from Washington University in St. Louis. She interned in New York with Henry Wright and Ernest Kahn. While there she participated in the Housing Study Guild and collaborated such influential figures in architecture and planning as Lewis Mumford and Clarence Stein. Her early career was spent at the Federal Housing Administration, in Washington, D.C. where she served as Chief of Research and Planning for the Large Scale Housing Division from 1936 to 1939. She lived overseas during the 1940s, but returned to Washington to work with the firm of Berla and Abel. In 1950, she formed a "loose partnership" with Arthur Keyes, Nick Satterlee, and Don Lethbridge.[10] It was while she was with the firm of Keyes, Smith, Satterlee, and Lethbridge that she designed the recreation building at Chestnut Lodge.

At this time, she was also involved in planning the Pine Spring community in Fairfax County, Virginia. This residential community was highly praised at the time of its development and won awards from the Washington Board of Trade (biennial architectural competition) and the Housing Research Foundation.[11] KSSL's design was cited in *Architectural Record* in an article on residential design featuring only five homes nationwide. Images show the use of window materials similar to those at the Community Center. The windows here had floor-to-ceiling glazing with the lower panels constructed of aluminum sliding sash.[12] Pine Spring was also profiled in such popular publications as *House and Home* (November 1952), *House Beautiful* (June 1953), *The Saturday Evening Post* (January 28, 1961), and *The Washington Daily News* (May 5, 1953).[13]

In 1955, KSSL broke into two separate firms, Satterlee and Smith and Keyes and Lethbridge. Satterlee and Smith retained Chestnut Lodge as a client and designed the Student Nurses' Quarters, still standing behind Frieda's Cottage.

During this time, Smith was also involved in urban renewal issues in Washington, DC. In 1952, she was asked by the Redevelopment Land Agency to join prominent urban planner Louis Justement to

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[9] *Ibid*.

[10] Information in this paragraph is extracted from Doud, Jayne Lisabeth. *Chloethiel Woodard Smith, FAIA: Washington's Urban Gem*. Thesis, University of Oregon, 1994, pp. 2-17. Quote is from p. 17.

[11] Pine Spring Civic Association webpage, http://www.pinespring.org/AboutPineSpring.shtml.

[12] "Two-Story Houses." *Architectural Record* 119(3): 167-183, March 1956.

[13] Pine Spring Civic Association webpage.

develop an urban renewal plan for Southwest DC. She later obtained the commission to design the development, which set a precedent for urban renewal across the country.[14]

The first phase of the development was to construct the Capitol Park Apartments (now known as Potomac Place), recently listed as a historic landmark by the District. The building was the first constructed in Smith's 522-acre Southwest Urban Renewal project. It was the first federally sponsored urban renewal project and the first racially integrated rental building. Its design earned Satterlee and Smith the 1960 AIA Award of Merit. Other award recipients that year included Eero Saarinen & Associates, Skidmore Owings and Merrill, and Pietro Belluschi, placing Smith among the nation's highest echelon of architects. [15] That same year, Smith was the sixth woman to be inducted as a Fellow of the American Institute of Architects.[16]

In 1963, Smith founded her own firm, Chloethiel Woodard Smith and Associates and by 1967 had thirty architects working for her.[17] By that time, she ran the "largest female-run architectural firm in the country, having provided over $80 million in services and construction."[18] She was considered "the most successful woman architect of her time"[19] and was featured as one of eight women in a 1970 article in *Life* magazine on the country's successful professional women.[20]

In the same year, *Business Week* called Smith "the country's best known lady architect, "[21] a term which Smith would undoubtedly have found offensive. Identifying her as a 'lady architect' or 'woman architect' categorized her in a manner she found insulting and "demeaned her work and ability as an architect."[22] This sentiment carried with Smith throughout her career and she wrote about it frequently.[23] Her feelings on the subject were echoed a profile in *The New Yorker* which stated that Smith was often described as "the most notable 'lady architect' in the country – a compliment that some of her admirers feel obscures the fact that she is, quite simply, one of the best architects, planners, and thinkers about cities now working anywhere."[24]

In the 1970s, contracts continued to pour in for the firm. Work continued at Chestnut Lodge, where Smith's firm designed the gymnasium (still extant to the west of the Community Center), additions to the Community Center, and alterations to other buildings at the hospital.

Throughout her career, Smith designed at least at least a dozen apartment complexes, developed numerous master plans, redevelopment studies, and feasibility studies for Washington and other localities. Some of her notable works include Harbour Square, Washington DC; La Clede Town,

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[14] The Cultural Landscape Foundation, Capitol Park webpage, http://www.tclf.org/capitol_park.htm.
[15] "The 1960 AIA Honor Awards." *Journal of the American Institute of Architects* 23(4): 75-98.
[16] Blueprints article and Doud, p. 177.
[17] "She Makes the City a Place for Living." *Business Week* 1970: 76-80, 3 June 1967, p. 76.
[18] Doud, p. 166.
[19] "Obituaries" *Progressive Architect*, March 1993: 21.
[20] "Women Arise: On the March for What They Still Haven't Got – The Personal Views of Eight Women Who Succeeded in It." *Life* 69(10): 16B-21, Sept. 4, 1970.
[21] "She Makes the City a Place for Living."
[22] *Tribute*. Blueprints 11(2):13-15, Spring 1993. Also see Doud, p. 161-73.
[23] See, foe instance, Chloethiel Woodard Smith. "Architects Without Labels" in *Architecture: A Place for Women*. Ed. Ellen Perry Berkeley and Matilda McQuaid. Washington: Smithsonian Institution Press, 1989.
[24] Bailey, Anthony. "Profiles: Through the Great City III." *The New Yorker* 43(24): 59-, 5 August 1967, p. 59.

St. Louis; Brook House, Brookline, MA; Waterview Townhouses, Reston; and "Chloethiel's Corner," the three buildings, designed independently for different clients, at the intersection of Connecticut Avenue and L Street. One of these was praised as "the most exceptional modern building in Washington."[25]

By the time she retired in 1987, it is estimated that thirty percent of the architects working in Washington had come through her office, and been influenced by her directly.[26] Chloethiel Woodard Smith was outspoken and eloquent in her views of urban planning and design, women in the field of architecture, and the role of the architect in the design process. She published, designed, trained, and was honored throughout her career of over fifty years.

Chestnut Lodge Significance

The Community Center is associated with the National Register-listed and locally designated Chestnut Lodge Hospital, which lies within the West Montgomery Avenue Historic District. The Center is one of the few treatment buildings remaining on the campus, which is comprised of the main hospital, several residential buildings, a two service buildings converted for hospital use, including a stable and icehouse.

The hospital itself was a nationally renowned private mental institution, catering primarily to wealthier patients suffering from schizophrenia. Its medical staff and psychoanalytic treatment methods were widely known and respected in the psychiatric community. The following excerpt is taken from the Draft Chestnut Lodge Design Guidelines and describes the hospital's significance:

> "As a psychiatric facility, Chestnut Lodge is unparalleled in significance in the state. It is a rare private mental health facility and hospital that remained in constant use from its opening in 1910 through 2001. Its role in the psychoanalysis of psychotic patients and its distinguished staff set this hospital apart from other state-funded and private facilities of the 1940s on. The development of the campus demonstrates the hospital's needs as it grew and demonstrates trends in the treatment of psychiatric patients in the types of facilities that were built.
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> While Maryland has historically had several state-funded mental hospitals, private institutions of this type were less common. Chestnut Lodge catered to the wealthiest of patients, most of them schizophrenic, and treated people from around the country. The vision of successive generations of the Bullard family in running the hospital contributed to its success as a renowned facility and its ability to attract doctors of stature to its staff.
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> Initially, the hospital treated inpatients only with one psychiatrist on staff, Dr. Ernest Bullard, the owner. By 1931, there were 22 patients and the hospital was

[25] Von Eckardt, Wolf. "That Exceptional One: Chloethiel Smith Made It Because She Was Very Good." *The Washingtonian* 23(12): 79-80, September 1988, p. 80.
[26] Doud, p. 166.

beginning to expand, first with the construction of a residence for the Bullards (who had previously lived in a suite in the main building), then with construction of housing for other staff, including Dr. Frieda Fromm-Reichmann and the nursing staff. The development continued, adding new patient facilities and housing as needed, especially in support of the growing number of outpatients and an increased focus on psychiatric research and training.

The hospital employed some of the nation's foremost psychiatrists on its staff. Dr. Fromm-Reichmann, a psychoanalyst, came to Chestnut Lodge in 1935. She remained in the employ of the hospital and resided on the campus until her passing in 1957. Among her many accomplishments, Dr. Fromm-Reichmann co-founded the William Alanson White Institute of Psychiatry, Psychoanalysis, and Psychology. She led the Chestnut Lodge staff's direction in focusing on interpersonal and social aspects of psychiatry as well as developmental impacts on personality.

Dr. Fromm-Reichmann was given great flexibility in treating psychotic patients. She used an intensive analysis that was empathetic, sensitive, and honest. Through the years she adjusted her Freudian views away from sexuality as a prime-motive to emphasize early life experiences patients had had that interrupted their ability to understand themselves and the world. She explained her theory and technique in *Principles of Intensive Psychotherapy* (1950), which remains one of the outstanding fundamental texts on the subject. Fromm-Reichmann received numerous professional awards and honors throughout her career.

One of Fromm-Reichmann's patients who had been severely ill responded so dramatically and positively to treatment that she wrote the popular book *I Never Promised You a Rose Garden* about the experience in 1964.

Other notable staff included Dr. Alfred H. Stanton, co-author of *The Mental Hospital* in 1954; Dr. David Rioch, who was appointed the first Chairman and Professor of Neuro-psychiatry at Washington University School of Medicine; and Harry Stack Sullivan, who co-founded the William Alanson White Institute with Fromm-Reichmann and was head of the Washington School of Psychiatry from 1936–47. His published works include *Conceptions of Modern Psychiatry, Interpersonal Theory of Psychiatry*, and *Schizophrenia as a Human Process*. Harold Searles and Robert Morris of the Menninger Clinic also served on the staff, as did Robert Cohen, who became the Director of Clinical Investigations at the National Institute of Mental Health.

Beginning in the 1960s, the staff worked on issues of psychiatry at the new Chestnut Lodge Research Institute, funded by a grant from the Ford Foundation. The hospital became one of only three comparable institutions studying psychotherapy as a treatment, the others being the Menninger Clinic in Kansas and the Austin Riggs Foundation in Massachusetts. The research building was

located at the south end of the property and has been demolished. Chestnut Lodge also served as a training facility, with many doctors and nurses completing their internships here."

It is important to note that Smith designed several buildings on the Chestnut Lodge campus, including the above-mentioned research institute, the housing complex in the Hilltop area of campus (both demolished), and the gymnasium, to the west of the Community Center. Her firm of Satterlee and Smith also designed the student nurses' dormitory, which is located just south of Dr. Frieda Fromm-Reichmann's cottage.

The significance of the Chestnut Lodge Sanitarium, its staff, and its treatment methodology cannot be overstated. Chestnut Lodge was truly an innovator in developing the use of psychotherapy as a treatment for psychotic patients without the reliance on electroshock therapy or medications that were common at other hospitals. Dexter Bullard's and Frieda Fromm-Riechmann's methods were a "grand experiment," that offered individualized psychoanalysis on severely regressed patients. This approach to the treatment of psychotic patients "seemed radical if not actually revolutionary"[27] and their decision to follow it called for the courage to "face the prejudice of the psychoanalysts who attacked Dexter and Frieda Fromm-Reichmann…for what they considered to be heretical innovations."[28]

The hospital was a educational facility for both psychiatrists and psychiatric nurses. Dexter Bullard was a founding board member and Fellow of the Washington School of Psychiatry and used Chestnut Lodge as a training center, arranging two lectures a week by Harry Stack Sullivan (founder of the Washington School of Psychiatry) on topics pertaining to the interpersonal theory of psychiatry.[29] Results of the therapy methods, the hospital's research activities, and its lecture series led to scores of publications from its staff[30] that formed one of the hospital's "major contributions to academic psychiatry."[31] The work of Chestnut Lodge also provided a basis for Bullard's lectures as Clinical Professor of Psychiatry and both the Georgetown and George Washington University Schools of Medicine.[32]

Chestnut Lodge's treatment program was so sought after that during the 'golden years' in the 1940s through 60s, there was a two-year waiting list to get in.[33]

The Community Center and Mental Health Treatment

The owner and chief physician of Chestnut Lodge, Dr. Dexter Bullard, was responsible for initiating the construction of the Community Center. The building is credited to the firm Keyes, Smith,

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[27] Cohen, Robert. "Introduction to the Chestnut Lodge Symposium in Memory of Dexter Means Bullard, Sr., 1898-1981." *Psychiatry* 47(1): 9-10, February 1984, p. 10.
[28] Noble, Douglas. "Creativity in Art and Science." *Psychiatry* 47(1): 50-58, February 1984, p. 58.
[29] Rioch, David. "Dexter Bullard, Sr., and Chestnut Lodge." *Psychiatry* 47(1): 1-8, February 1984, p. 6.
[30] Silver, Ann-Louise S. "Thorns in the Rose Garden: Failures at Chestnut Lodge." *Failures in Psychoanalytic Treatment.* Ed. Joseph Reppen and Martin Schulman. Madison, CT: International Universities Press, 2002. 37-62, p. 51.
[31] Rioch, p. 6.
[32] *Ibid*, p. 7.
[33] Silver, p. 51.

Satterlee, and Lethbridge (KSSL), but this was a loose partnership and the architects tended to work independently on their own projects.[34] Chloethiel Woodard Smith was the lead architect for design work for Chestnut Lodge.[35] The hospital was in the process of expanding its regimen of individually focused psychotherapy to adopt recreational and occupational therapy as part of the patient treatment.

The Community Center was constructed as the first phase of a planned recreational, social and occupational therapy complex at Chestnut Lodge. It was a recreational hall for use by patients who were deemed well enough to be given grounds privileges. The Community Center offered both individual and group activities for patients, and was designed to let patients make independent decisions about participation in such activities as cards, reading, music listening and recording, ping-pong, outdoor activities, and drama, among others.

Contemporary architectural journals and publications, such as *Architectural Forum*, *Modern Hospital*, and *Architectural Record*. *Architectural Record* published themed issues, which widely dispersed the latest trends in architectural design for certain building types. For instance, the June 1947 and November1953 issues were dedicated specifically to the architecture of Mental Hospitals and the December 1948 and January 1954 issues focused on community recreation buildings. The April 1952 edition featured hospital design in general, with one mental institution receiving mention.

Smith's design for the Community Center, whether intentionally or not, follows the advice of Dr. Daniel Blain, who wrote in *Architectural Record* about recent developments in mental health treatment and their impact on architecture.[36] Whereas mental hospitals had previously focused on treating patients in-house, regarding them as incurable, lifelong residents, he promoted environmental therapy, which placed patients in an environment that prepared them to return to normal society.

These concepts were important at Chestnut Lodge since the ultimate goal was discharge from the hospital and the reintroduction into the community. The Community Center, then, essentially provided a training ground for patients who were on their way to re-integration in the community outside the hospital's protective surroundings. This building represents a stage in their recovery process, the move from confinement within the hospital building and access to limited activities to an environment where personal choice in how to spend free time and how to conduct oneself in "public" became the focus. At the new Community Center, patients were allowed and encouraged to choose what individual or group activities in which to participate or whether to participate at all.

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[34] Bushong, William, Robinson, Judith, and Julie Mueller. *A Centennial History of the Washington Chapter, The American Institute of Architects, 1887-1987*. Washington DC: The Washington Architectural Foundation Press, 1987, , p. 90 (interview with Francis Lethbridge).

[35] Smith was the exclusive correspondent with the Bullards and the subcontractor on this project (as well as concurrent projects at Chestnut Lodge such as a study for enlarging Little Lodge, landscape and grading work related to the construction of Route 240, guidance on the construction of a swimming pool, etc.). Rubber stamps which were used to circulate materials within the KSSL office indicate that only Smith received correspondence for the Activities Building. She also retained the Bullards as clients after the dissolution of KSSL and Satterlee and Smith, and designed the additions to the Center, the Research Institute, residences at Hilltop, the gymnasium, as well as a summer residence for the Bullards.

[36] Blain, Daniel, M.D. "Mental Patients Can Be Cured." *Architectural Record* 114(5): 181-190, November 1953.

Users also included outpatients, who came to the hospital for regular appointments, but lived off-campus. The interaction between inpatients and outpatients at the Community Center may have provided inspiration for those still recovering on campus.

Dr. Blain felt that mental facility design should reflect this shift in regard for the mental patient as curable. For him, this meant designing "rooms and grounds where patients can paint, sculpt, weave, listen to music, attend classes, attend private and group therapy sessions, see movies, read a book, etc." and where these facilities were regarded as part of the overall treatment program.[37] To accomplish this end, Blain stated that "architects and psychiatrists must lose no time in collaborating to ensure that the new buildings they construct for the mentally ill will truly reflect the new attitude towards the patients who will reside in them temporarily."[38]

This is exactly what Smith and Bullard did. The Community Center is a unique example of a health facility created through collaboration of architect and doctor. In the initial planning stages, Dr. Bullard presented Smith with a list of requirements for a new activities building. However, she determined this to be "insufficient."[39] She pressed the doctor on the building's intended uses, the intended response by patients, as well as current psychiatric practice at the Chestnut Lodge. This "form follows function" approach to architecture, or designing from the inside out, was a central principle of Modernism.[40] The result was a building type that was new and specific to its intended uses. Smith attributed the success, in part, to Bullard's willingness to be experimental in the design.[41]

Bullard felt that patients should be "drawn to the building, rather than urged or invited, and not to fear it or feel trapped once they were inside."[42] In Smith's words, in order to "attract patient participation, its exterior had to catch their attention and its interior had to excite their desire to return once having entered."[43] Therefore, the building was designed to look "normal," something that could have been designed in any community, such as a school, library, or community center. Smith intended the building to be inviting to patients and to allow them to participate in a variety of activities in any manner they chose. The success of the building would depend upon its ability to "encourage the interest and imagination of the participating patients for whom it [was] designed."[44]

Smith also investigated similar buildings at other mental hospitals, but found that "traditional design and data from other hospitals were not particularly helpful."[45] She may have also looked to other community centers, a relatively new building type, for design information, particularly for interior accommodations and arrangement.

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[37] Blain, p.182.
[38] *Ibid*.
[39] Smith Correspondence, Folder 50, on file at the American Architectural Foundation Library.
[40] Jackson, Lesley. *Contemporary: Architecture and Interiors of the 1950s*. New York: Phaidon Press, 1994, p. 15.
[41] Smith Correspondence, Folder 50.
[42] "Seven Health Buildings," p. 133.
[43] Smith Correspondence, Folder 50.
[44] *Ibid.*
[45] *Ibid.*

Recreation buildings and community centers of the period generally included a gymnasium;[46] an assembly hall/auditorium with removable seats for lectures, drama, concerts, other gatherings; a library, or room for informal reading; a social/play room for fairly small group activities; an arts and crafts room; a room for table tennis, billiards, darts, etc.; smaller meeting rooms; a refreshment stand; and kitchen, office, storage areas.[47] Unlike some contemporary recreation buildings, which divided the interior spaces up by activity – with different rooms for different sports, games, training, and crafts,[48] – Smith followed the thoughts of John Burchard, the Dean of Humanities and Social Studies at MIT, who critiqued this common approach to recreation building design. He believed that "orderly recreation, concentrated recreation, specialized recreation are almost a contradiction in terms."[49] Instead, he promoted designing "facilities and space, both indoor and outdoor, for the free, uncontrolled expression of energy."[50] In attempting to encourage patient choice to enter into recreation, Smith and Bullard followed this approach.

Choice was important at Chestnut Lodge. Unlike most other psychiatric and general hospitals, Chestnut Lodge did not assign patients to certain activities, nor even require them to participate in any. As William Hinckley, former Supervisor of Recreational Therapy at Chestnut Lodge writes, "At Chestnut Lodge the occupational and recreational therapists always had been free to follow the patients' wishes and their own judgment in the choice and timing of an activity. There were no written orders for activity therapy…"[51] The availability of choice in a patient's use of his or her free time was considered by staff to be more valuable than assignment to a particular group or activity. The choices made or lack thereof were also used by staff to better understand and evaluate a patient's needs and feelings where the expression of such might have been difficult to verbalize.

Smith's building includes all of the typical assets of a community center, with the substitute of music listening rooms for meeting rooms, but does not assign a particular activity to a particular area. Rather, through the use of an open plan, lightweight, moveable furniture, bookcases, and retractable room dividers, she created a completely flexible space, achieving Dr. Bullard's goal of allowing patients to interpret and use the building according their own wishes.

Smith utilized the building's structure in its design, exposing the steel frame on both the interior and exterior. This construction gives a lightness and openness to the building and sets it apart from others on the Chestnut Lodge campus. The expanses of glass helped alleviate the sense of confinement among the patients and encouraged participation in outdoor activities. The surrounding hospital grounds (120 acres in 1954), the large number of doorways, the well-designed terraces, and an outdoor fireplace also invited patients to go outside.

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[46] Bullard wanted a gymnasium, but Smith deferred it until a later addition, believing that the temperate Maryland climate would attract patients to outdoor pursuits (source: "Seven Health Buildings," 133-34.) Smith designed the gymnasium, which stands to the west of the Community Center, in 1977.
[47] Arch Record 115(1): 110-111, January 1954 (Building Types Study Number 206: Social and Recreational Buildings).
[48] *Ibid.*
[49] Burchard, John E. "Try Imagination; Don't Forget Diversion" *Architectural Record* 115(1): 147-149, January 1954 (Building Types Study Number 206: Social and Recreational Buildings).
[50] *Ibid*.
[51] Hinckley, William W. "The Chestnut Lodge Kiosk: Observations on a Psychiatric Hospital's Work Project." *International Journal of Group Psychotherapy* 7(4): 437-49, October 1957, p. 443.

An important design facet of the Community Center is that it was designed from the start for future additions. The removable, standard size wall panels allowed for easy expansion without the need for structural adjustments. Taking advantage of the building's flexibility, the building was enlarged twice under the Smith's direction. A therapeutic work space was added in 1958, and a cafeteria and kitchen were added in 1972. Because it was always the intent of the architect and client to expand the building and because Smith continued as architect, the additions should not be considered incompatible. They are both part of the original design idea and are compatible in design, scale, material, construction, and style.

Architectural Significance

Smith drew on the work of Modernists such as Le Corbusier, Mies van der Rohe. Richard Neutra and Philip Johnson, who pioneered the Modern Movement and contemporary style. She approached the Community Center design much like Le Corbusier would have – in a modular fashion, with a flat roof and what Le Corbusier calls a "free plan" as opposed the more typical "paralyzed plan" with its intrusive interior partitions.[52] Mies van der Rohe was particularly influential in Smith's design for his use of a simple steel frame and glass for walls, which allowed for complete harmony between interior and exterior.[53]

A major feature of the Community Center is this relationship between interior and exterior space. The building was designed with walls that are almost entirely glazed so that the outdoors is essentially brought inside. The use of large plate glass windows were a signature of the contemporary style of the Modern Movement and allowed the architect to create an indoor-outdoor relationship that had previously been impossible with traditional building technologies. Steel frame construction opened walls for larger and larger windows, which were in turn made possible by advances in glass manufacturing technology. Larger panes were becoming more prevalent in all design, including commercial, clinical, and, particularly, residential. They can be seen in houses designed by Smith's own firm, such as those in the Pine Spring development in Fairfax County, Virginia, designed by Keyes, Smith, Satterlee and Lethbridge in 1952.[54]

The interior/exterior connection is also expressed architecturally at the Community Center in the continuation of the open web ceiling beams on the exterior to support the roof of the game terrace and in the progressive entrance into the cafeteria.

Steel frame construction and glass walls are also seen in the seminal Case Study Houses in California, constructed in the mid-1940s through the mid-1960s. The houses were cutting edge, low cost modular buildings "using standardized mass-produced components" (47). They were considered highly influential in the development and spread (through *Arts and Architecture* magazine) of the Modern aesthetic. Modernism embraced a simple, straightforward approach to

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[52] Jackson, p. 20.
[53] *Ibid*, p. 27.
[54] Pine Spring received national attention when developed, including articles in *House and Home* (November 1952), *House Beautiful* (June 1953), *The Saturday Evening Post* (January 28, 1961), and *The Washington Daily News* (May 5, 1953). It won awards from The Washington Board of Trade (biennial architectural competition) and the Housing Research Foundation and is featured in the AIA's *A Guide to the Architecture of Washington DC*. Source: Pine Spring Civic Association webpage.

design. Ornamentation was minimal and was provided simply by the structural elements themselves and their method of assembly.

Chloethiel Woodard Smith obviously was versed in the Modernist architectural vocabulary. However, according to noted architectural critic Wolf von Eckardt, Chloethiel Woodard Smith, " more than most architects of her time, ignored both excessive Modernism and excessive compensating for Modernism. … She created an architecture rooted in realism and inspired by social concern."[55] This sentiment is evident in her designs for Chestnut Lodge. The Community Center is a modern building, but not so radical as to inhibit patient use. It also exemplifies the architectural process she used throughout her career – to work with the client to determine their needs, refine their thoughts, and produce a design that both satisfied their wishes and suited her aesthetic.

The Community Center is an early example of the work of Chloethiel Woodard Smith, whose career in large scale redevelopment, office block design, and urban planning was just beginning to ignite. The building is unique not only for its architectural style – it is the only example of high-style institution architecture of the early 1950s in the City of Rockville – but for the design intent of the architect. Smith studied the pattern of treatment at Chestnut Lodge and actively worked with Dr. Dexter Bullard on its design. The resulting building she considered to be an experiment in design[56] and lays testament to Smith's creativity, problem solving abilities, and the characteristics for which her peers credited her as "an exemplary visionary architect."[57]

[55] Von Eckardt, p. 79.
[56] Smith Correspondence, Folder 50.
[57] *Tribute*, p. 13.

9. Major Bibliographical References

Inventory No.

10. Geographical Data

Acreage of surveyed property ___
Acreage of historical setting _____
Quadrangle name _____ Quadrangle scale: _____

Verbal boundary description and justification

11. Form Prepared by

name/title	Anne Brockett		
organization	City of Rockville, HDC staff	date	12/11/03
street & number	111 Maryland Avenue	telephone	
city or town	Rockville	state	MD

The Maryland Inventory of Historic Properties was officially created by an Act of the Maryland Legislature to be found in the Annotated Code of Maryland, Article 41, Section 181 KA, 1974 supplement.

The survey and inventory are being prepared for information and record purposes only and do not constitute any infringement of individual property rights.

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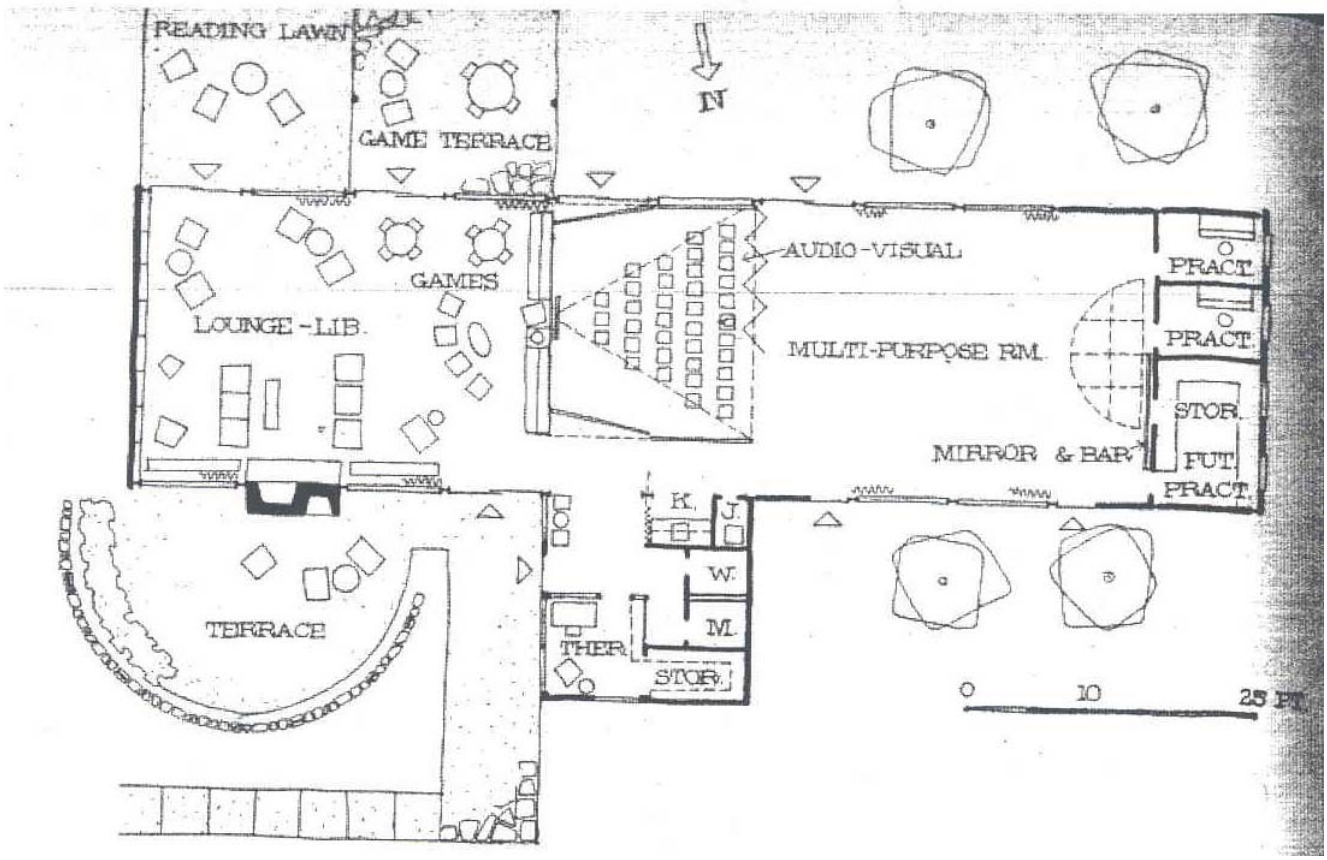
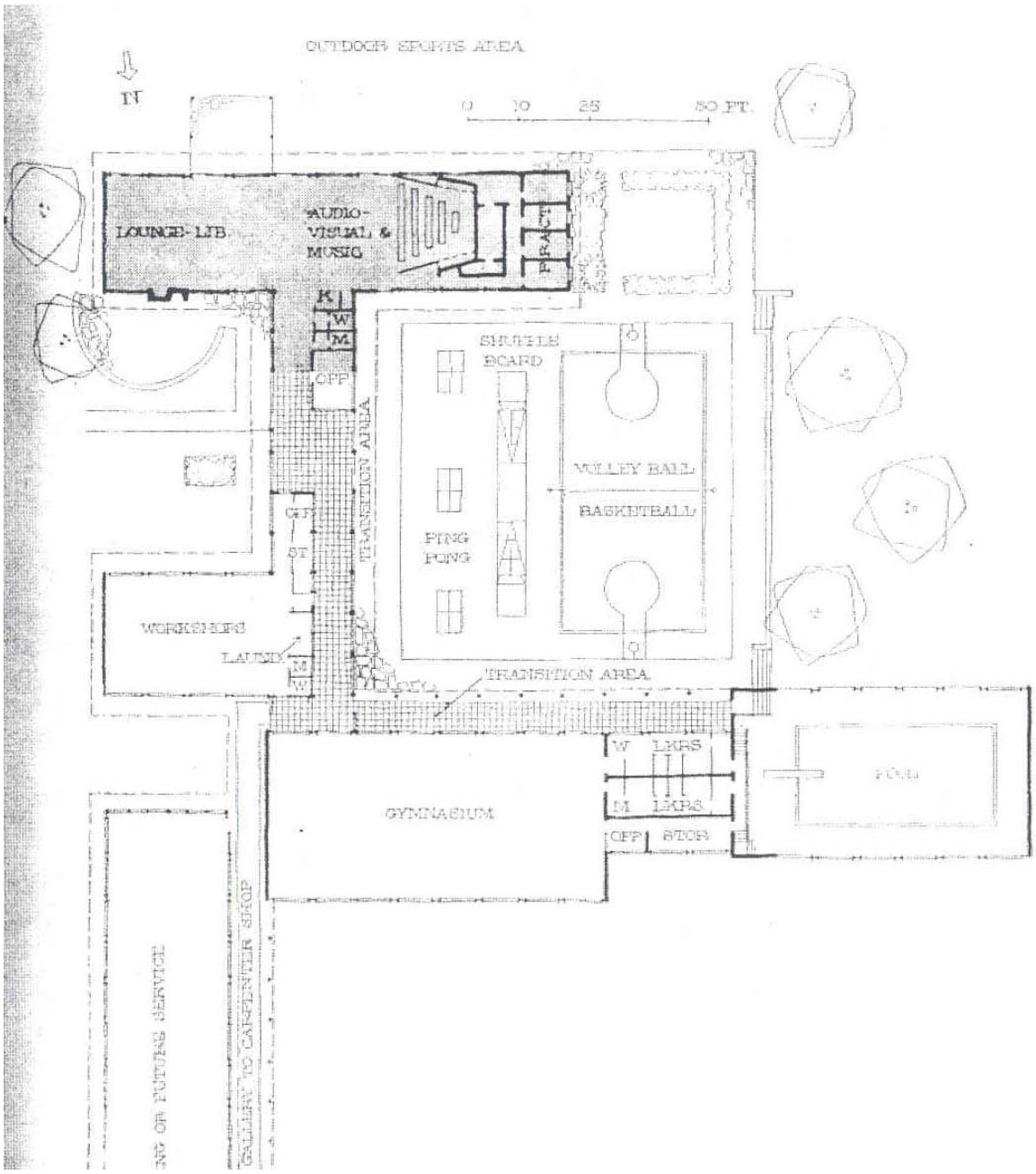


Original building plan as published in *Architectural Forum*, September 1955



Original plan for expansion, as published in *Architectural Forum*, September 1955

View of east courtyard with 1954 building on left, 1958 addition in center, and 1972 addition on right

View of west courtyard with 1972 addition on left, 1958 addition in center, and 1954 building on right

1954 building, north facade

1954 building, east façade with game terrace to left

1954 building, south façade

1954 building, west façade

1954 building, north façade

1958 addition, west façade

1972 addition, south façade

1972 addition, west façade on left, 1958 addition on right

1972 addition, north facade

1972 addition, east façade with entrance to cafeteria

1972 addition, south façade (R) and east façade of 1958 addition (L)

1958 addition, east facade

1954 building, typical bay

1954 building (top) and 1958 addition (bottom), corner details

1954 building, interior looking southwest

1958 addition, work area interior looking east

1958 addition, ceiling